

Minutes of the meeting of the Board of Directors of the Cook County Health and Hospitals System held Friday, November 22, 2013 at the hour of 8:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Carvalho called the meeting to order.

Present: Chairman David Carvalho and Directors Hon. Jerry Butler; Lewis M. Collens; Ada Mary Gugenheim; M. Hill Hammock; Wayne M. Lerner, DPH, FACHE; and Dorene P. Wiese, EdD (7)

Absent: Vice Chairman Jorge Ramirez and Directors Reverend Calvin S. Morris, PhD; Luis Muñoz, MD, MPH; and Carmen Velasquez (4)

Additional attendees and/or presenters were:

Claudia Fegan, MD - Executive Medical
Director/Medical Director Stroger Hospital
Randolph Johnston - System Associate General
Counsel
Ram Raju, MD, MBA, FACS, FACHE - Chief
Executive Officer
Elizabeth Reidy - System General Counsel

Deborah Santana - Secretary to the Board
Joyce Schoonover - Director of Risk Management
Tom Schroeder - System Director of Internal Audit
John Jay Shannon, MD - Chief of Clinical Integration
Agnes Therady, RN, MBA - Executive Director of
Nursing

II. Public Speakers

Chairman Carvalho asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, ~~September 27~~ October 25, 2013

Director Lerner, seconded by Director Butler, moved the approval of the Minutes of the Board of Directors Meeting of October 25, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Minutes of the Finance Committee Meeting, November 15, 2013

• Contracts and Procurement Items (detail was provided as attachment to Board Agenda)

Director Butler, seconded by Director Gugenheim, moved the approval of the Minutes of the Finance Committee Meeting of November 15, 2013. THE MOTION CARRIED.

Chairman Carvalho abstained and voted PRESENT on request number 2 under the Contracts and Procurement Items contained within the Minutes.

III. Board and Committee Reports (continued)

C. Minutes of the Quality and Patient Safety Committee Meeting, November 20, 2013

• Medical Staff Appointments/Reappointments/Changes

During the review of the Minutes, the Board discussed the subject of the information regarding public reporting and ratings. Chairman Carvalho noted that the minutes reference that most of the System's patients are uninsured, and the uninsured population data does not go anywhere. He stated that the data on the uninsured patients comes to the Illinois Department of Public Health (IDPH) and is factored into the Illinois Hospital Report Card; all the data on the Report Card is built off of the administrative data, which includes the data on all of the uninsured served by the System. Dr. Ram Raju, Chief Executive Officer, explained that the comment at the meeting was made with regard to the various entities that provide hospital ratings/scorecards, such as Leapfrog. Most of those entities use Medicare data as a part of it; because the System's Medicare population and sample is so small, it does not do very well in those types of surveys. Dr. Raju expressed that if the entities really want to evaluate total quality care they need to take in all payer data, including data on uninsured.

Chairman Carvalho stated that the State is working on a project called the State Innovation Model Grant (also referred to as the Centers for Medicare and Medicaid Innovation Grant and the Alliance for Health). The County and other stakeholders are deeply involved in putting together a project proposal for the State, which will seek to get additional federal funding for transformation of the payment and delivery system in Illinois; it is expected to be filed in January. One component of that plan is to develop an all-payers claims database. Illinois currently collects the discharge data and the charges; however, the State does not currently collect what has been actually been paid on any claim. The proposal would be to collect those data, which would be a rich source that could also be used to develop the kind of scorecards that Dr. Raju mentioned.

Dr. Raju added that he emphasized in the meeting the following three aspects relating to the ratings: 1) the data is incomplete – most of these ratings organizations do not include all payer data, it is mostly Medicare data; 2) the data by itself that depends on claims data to determine the quality of the care is itself problematic – if an organization is able to churn out bills correctly and has a better coding mechanism, it will automatically do well; and 3) using the claims data just to extrapolate quality data has to be an issue, because there are other socioeconomic issues that directly relate to the health status of the patient which should be factored into the equation.

Director Collens, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of November 20, 2013. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented directly for the Board's consideration.

B. Any items listed under Sections III, IV and VII

V. Report from Chairman of the Board

Clarification in response to media report regarding bus service

Chairman Carvalho referenced a recent media report regarding a proposed contract extension for the transportation system used to take people to the parking garage; in the article, the information presented was not quite clear, so he wanted to give staff an opportunity to clarify. The proposed contract extension was included as one of the requests that was approved as a part of the November 15th Finance Committee Meeting Minutes. Elizabeth Reidy, System General Counsel, stated that there was an article regarding the proposed extension to the contract with J. Maher Enterprises, regarding the bus service. Based on some of the issues raised in the article, staff further researched the subject. She personally spoke with Mr. Neville Reid, who is the bankruptcy trustee - he assured her that he did not believe that there was any impropriety whatsoever in the County awarding the contract of these bus services to J. Maher Enterprises. Additionally, there was a quote in the article from Professor Richard Painter, a law professor from the University of Minnesota. She called Professor Painter, and he indicated that, despite the one quote for the article that had been picked of his lengthy conversation with the reporter, he also did not believe that there was any impropriety - the vendor was not disqualified, and in talking with Ms. Reidy, Professor Painter felt that, under the circumstances, the County acted reasonably and appropriately.

Milwaukee Journal Sentinel article on newborn screening programs

Chairman Carvalho provided the Board with an overview of a media report on another subject for their information. He stated that the Milwaukee Journal Sentinel did a breathtakingly deep article on newborn screening programs in the fifty states. When a child is born, a small drop of blood is put onto a piece of paper and is sent to the state laboratory, where it is tested for twenty-five or forty conditions (number depends on the state), most of which are amenable to some sort of intervention if the information is known. It is important that the information gets to the pediatrician as quickly as possible - the hospital has to get it to the state and the state has to process it and get the information back to the hospital or pediatrician.

In a particular situation in Wisconsin, there have been delays in getting the specimens to the state; in one case, by the time the information got back to the pediatrician, the child had already suffered adverse consequences from the disease, and in another case, a child had died. The Milwaukee Journal Sentinel set out to get information on the the gaps and the holes in this process in Wisconsin, and decided that they wanted to compare that to other states. Over the course of seven months, Freedom of Information Act (FOIA) requests were filed in all fifty states, and a massive database of the information was compiled by the Milwaukee Journal Sentinel; this database is available on their website.

Chairman Carvalho spoke to the reporter in his State capacity, so he knew this story was forthcoming. The database contained information about Illinois and presented information about all of the hospitals in Illinois. There were two conditions examined: 1) whether the specimens being transported to the state were deemed satisfactory by the state; and 2) the length of time that it took hospitals to send the specimens to the state labs. He noted that in those rankings, CCHHS looked pretty good with respect to the time, but was listed high up in the group of those found unsatisfactory. He stated that, according to the footnotes to the story, there are two possible reasons for the specimens to be deemed unsatisfactory: 1) there was some problem with the specimen; and 2) all of the clerical information that is supposed to come with the specimen was not there. He stated that, in particular, CCHHS had a high rate of not including all of the information, particularly the doctor's name and phone number. Although that information does not particularly matter, because the information goes back to the nursery anyway, it causes CCHHS to be flagged as unsatisfactory and turn up on these lists. Chairman Carvalho indicated that Dr. David Soglin, Chairman of the Department of Pediatrics, looked into the issue; he explained the origin of the unsatisfactory markers and provided information on the progress that has been made in cleaning that up. Following Chairman Carvalho's remarks, Dr. Raju distributed information on the subject that reflected the improvements that have been made (Attachment #1)

V. Report from Chairman of the Board (continued)

CCHHS 2014 Board Meetings

Chairman Carvalho noted that the Directors participated in a poll regarding the options for planning next year's meetings. The Board reviewed the results of the poll, which ranked the following top three options, based on the options with the highest preference selected (all three options related to meetings held in the fourth or last week of the month): Friday morning standalone Board Meetings; Friday morning combined Board and Committee meetings; and Thursday morning combined Board and Committee meetings. Following discussion, Chairman Carvalho instructed the Secretary to prepare a set of potential dates under those options for the Directors to consider at the December Board Meeting.

A. Board Education - Intergovernmental Affairs Update

This report was deferred to the December 13, 2013 Board Meeting.

VI. Report from Chief Executive Officer (Attachment #2)

Dr. Raju provided an update on the following subjects: FY2014 Budget; CountyCare / 1115 Waiver Demonstration Project/Managed Care; Leadership Development Program Update; Clinical Update; Operational Update; Legislative Update; and Recognition of Employees. The Board reviewed and discussed the information.

Chairman Carvalho stated that he would like to particularly thank Dr. Raju for the development and implementation of the Leadership Development Program. He stated that one of the things he has observed over the years is that so much energy is spent on initiatives that are purposed to fix something quickly or in the short-term; long-term initiatives such as this that require time, energy and thought in order to reap the benefits over a long period of time is especially heartening to see, as the benefits will grow and last for many years.

Chairman Carvalho stated that, over the last month, a longstanding issue arose regarding the subject of trauma centers in the City of Chicago - in particular, trauma centers located on the south side of Chicago. There are six trauma centers in the City of Chicago; two are for adults, two are only for pediatrics (ages 16 and under), and two are for both adults and pediatrics. There was a hearing earlier this week of the Senate and House of the General Assembly regarding this topic. One of the things that came out of that hearing was a request that was accepted by the Illinois Hospital Association (IHA), IDPH, and the Illinois Healthcare and Family Services Department (HFS) to look at the issue and come back to the Legislature with their thoughts. He noted that during the course of the presentations, there were individual doctors from Mount Sinai Hospital, University of Chicago Hospital and Northwestern Hospital, who were clearly not speaking for their institutions but were advocating various ideas; there was also some discussion about bypass hours.

A. Report from Executive Director of Managed Care

This report was deferred to the December 13, 2013 Board Meeting.

VII. Closed Session Items

A. Claims and Litigation

Chairman Carvalho noted that during the discussion of one of the closed session items, he will need to absent himself from the room, so that item will be discussed last in closed session. He added that Commissioner Butler will chair the meeting at the point when he needs to leave closed session.

Director Lerner, seconded by Director Hammock, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the regular session and convene into closed session, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chairman Carvalho and Directors Butler, Collens, Gugenheim, Hammock, Lerner and Wiese (7)

Nays: None (0)

Absent: Vice Chairman Ramirez and Directors Morris, Muñoz and Velasquez (4)

THE MOTION CARRIED UNANIMOUSLY.

Acting Chairman Butler declared that the closed session was adjourned. The Board reconvened into regular session.

Chairman Carvalho resumed the Chair.

In response to a question raised in closed session, Ms. Reidy provided an informational session regarding how CCHHS litigation matters are handled, both in terms of the flow of responsibility and the flow of funds.

VII. Closed Session Items (continued)

Ms. Reidy stated that, under the Enabling Ordinance, which established the Cook County Health and Hospitals System, settlement authority for CCHHS-related litigation remains with the County Board; it is particularly taken up by the Litigation Subcommittee of the Finance Committee of the County Board. CCHHS is an agency of the County - it is not a "sue-able" entity; in lawsuits that Directors may typically see, the "sue-able" entity will be the County and individuals. The Litigation Subcommittee typically meets monthly to consider litigation matters; they typically approve settlement requests or authority to try requests. The State's Attorney's Office (SAO) is the exclusive lawyer for Cook County and its elected officials; it is the exclusive lawyer for CCHHS in litigation matters. The SAO represents CCHHS at the Litigation Subcommittee and makes recommendations to the Litigation Subcommittee and ultimately the County Board to settle. CCHHS staff work very closely with the SAO. Joyce Schoonover, Director of Risk Management, works with them on a daily basis on the various cases. Attached to the SAO's recommendations to the Litigation Subcommittee are forms which must be completed by all of the various elected officials and agencies involved in a particular case that ask each entity involved to indicate whether they concur, object or take no position with the SAO's recommendations. Ms. Schoonover routinely attends the Litigation Subcommittee meetings, which are primarily held in closed session. The practice at CCHHS, from Risk Management and General Counsel's perspective, has been that CCHHS wants its Board to hear any CCHHS litigation matters before the Litigation Subcommittee hears them. When possible, staff presents those in a closed session at a CCHHS Board Meeting. If time does not permit, staff will put the information in writing to the Directors; she noted that staff has begun to issue confidential Attorney-Client briefing memoranda to the Board on these type of matters.

Ms. Schoonover provided information on the process used to set the reserves and regarding the towers of insurance. With regard to reserves, she stated that CCHHS staff have conferences with representatives from the SAO and the County's Risk Management Department. They all discuss the case and make an estimate of what could be the potential liability of the case - that would be the reserve that is set. No less than twice a year, they go over the reserves to determine whether they need to lower or raise them. Ms. Schoonover reviewed a handout that provided information on the towers of insurance (Attachment #3).

Chairman Carvalho inquired further regarding upon whose budget the reserves reside. Ms. Reidy stated there was talk of the reserves moving to reside within the CCHHS budget, but she will find out for certain and inform the Directors¹.

With regard to the subject of indemnification, Ms. Reidy directed the Board to the Enabling Ordinance, Section 38-39. It specifically provides that the County shall defend and indemnify the members of the Nominating Committee and the System Board with respect to any and all claims or judgments arising out of their activities as members of the Board, which defense indemnifications shall be subject to the provisions. She added that she will follow-up with the Directors regarding the subject of Directors and Officers (D&O) insurance².

VIII. Adjourn

As the agenda was exhausted, Chairman Carvalho declared the MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
David Carvalho, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

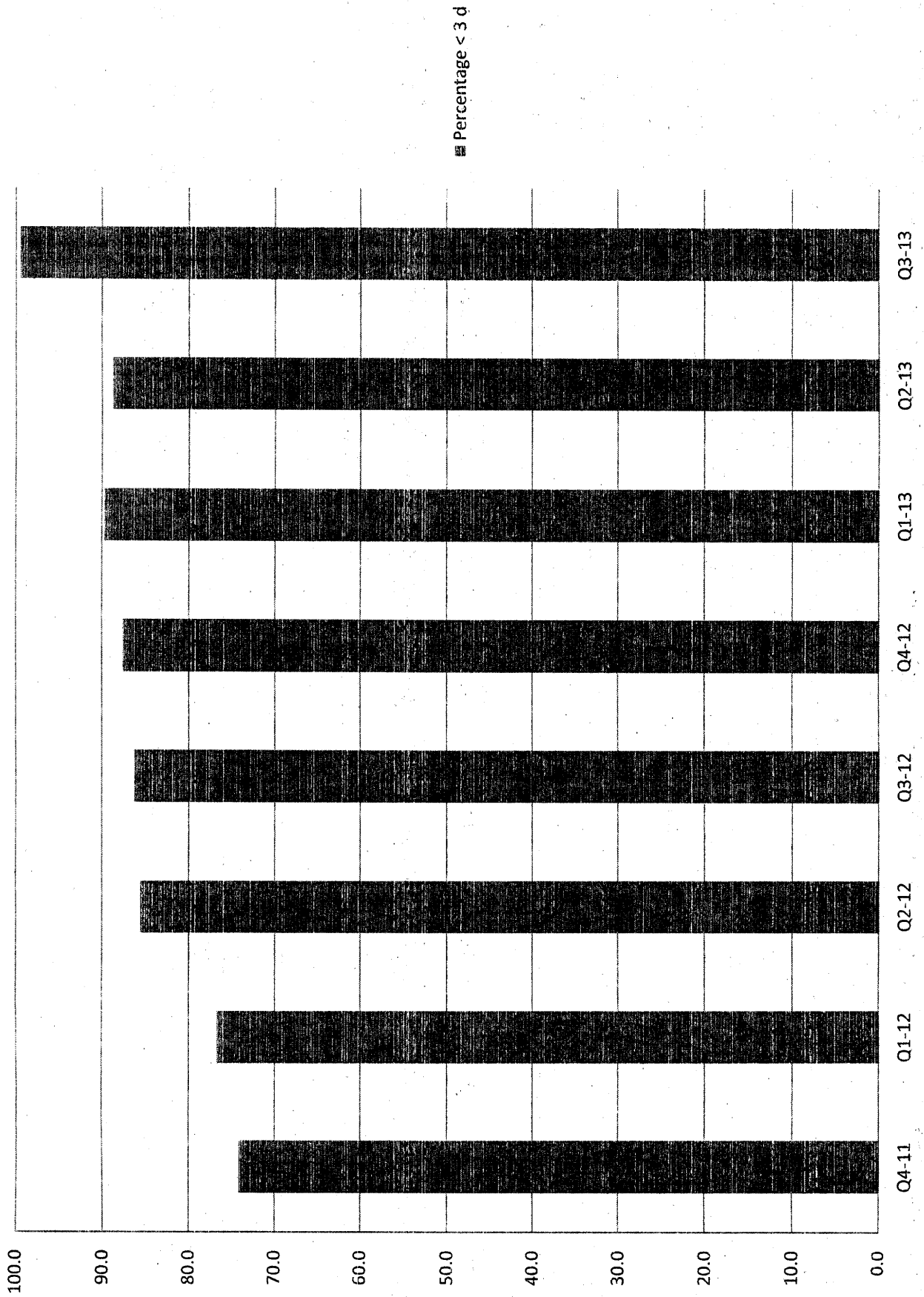
¹ Follow-up: Question regarding whether the reserves reside within the County's budget or within CCHHS' Budget. Page 6.

² Follow-up: Regarding the subject of Directors and Officers (D & O) insurance. Page 6.

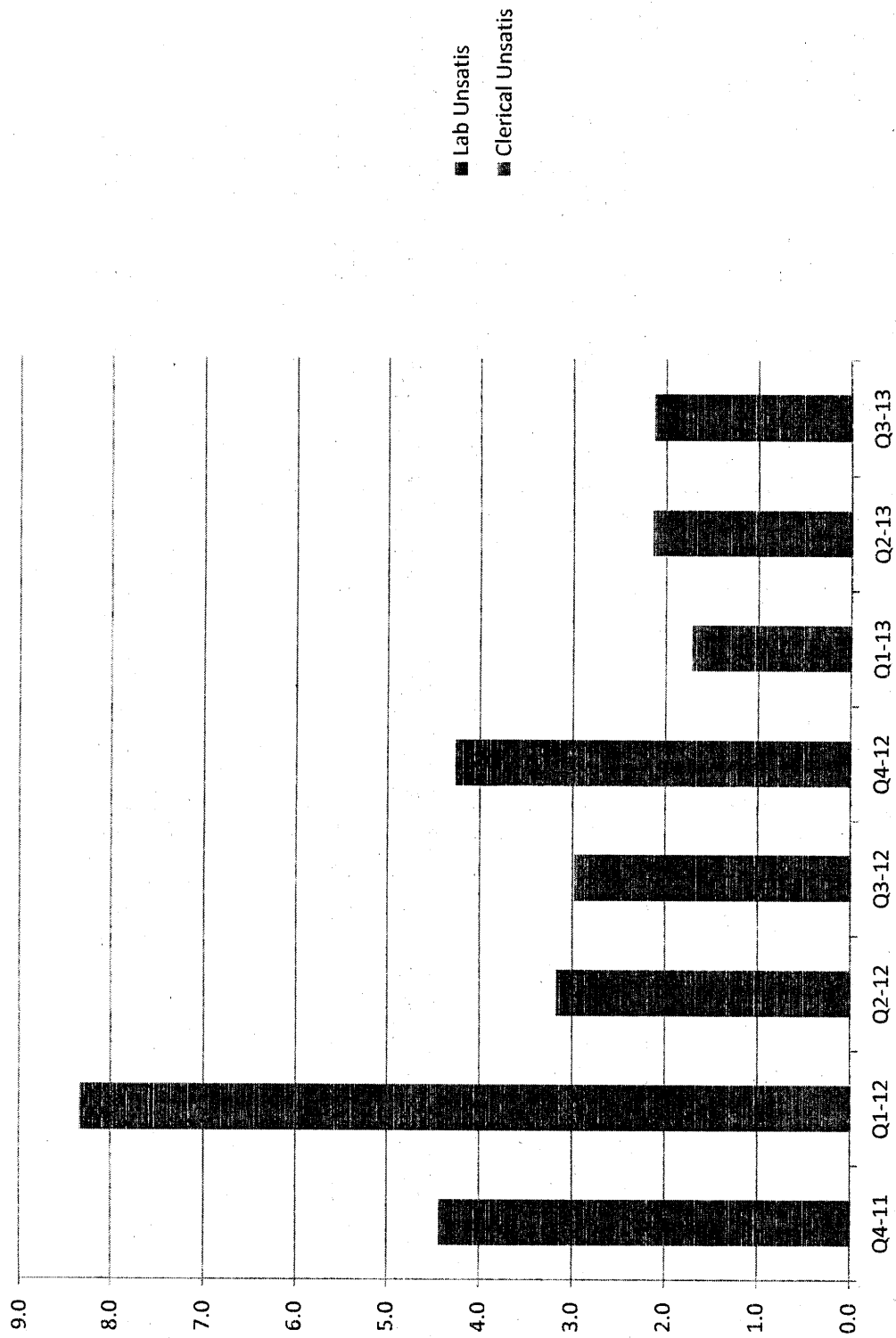
Cook County Health and Hospitals System
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ATTACHMENT #1

Percentage < 3 d



Percentage Unsatisfactory



Cook County Health and Hospitals System
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ATTACHMENT #2



RAM RAJU, MD, MBA, FACHE, FACS
CHIEF EXECUTIVE OFFICER
COOK COUNTY HEALTH AND HOSPITALS SYSTEM
REPORT TO THE BOARD OF DIRECTORS
November 22, 2013

FY2014 BUDGET

The Cook County Board unanimously adopted the FY2014 Annual Appropriation Ordinance on November 8, 2013. The CCHHS budget was approved as submitted and was not the subject of any amendments. The hard work of our staff and the support of the HHS Board were instrumental in our success. FY2014 begins December 1, 2013.

COUNTYCARE

SECTION 1115 MEDICAID WAIVER DEMONSTRATION PROJECT/MANAGED CARE

Last week CountyCare reached a major milestone – we surpassed our FY2014 budget target of 56,131 approved CountyCare members. Today, CountyCare has more than 57,464 individuals enrolled. This is a significant accomplishment for all associated with the health plan - our CountyCare team and partners should be congratulated. I am pleased we are able to provide access to meaningful health care for each and every one of our newly covered members.

At the end of October we had initiated just over 119,000 CountyCare applications -- an increase of 11,000 from the prior month. Consistent with the past several months, the majority of applications, 72%, were initiated through our call center, our on-campus app assistors, and our initiative at the Cook County Jail. The remaining 28% of applications were initiated by our contracted FQHC partners.

As of the end of October, more than 87,000 CountyCare applications were submitted to the Illinois Department of Human Services (DHS) for processing, with our approval rating remaining around 85 percent. DHS has reduced the back-log of pending applications to just over 27,000.

Over the next few months, as we transition from the 1115 Waiver Demonstration project to a managed care entity, a number of CountyCare-related matters will be brought before the CCHHS Board for consideration. Those requests, like others approved today, will allow the program to move seamlessly from its current state to that of a managed care entity.

LEADERSHIP DEVELOPMENT PROGRAM UPDATE

Our Leadership Development Program kicked-off on September 12, 2014 with fifteen participants from Nursing, Pharmacy and Finance. The group meets weekly and updates are sent to the supervisors of the participants so they know what topics are being covered so they, in turn, can support their leaders.

Over the past ten weeks, the group has focused on Patient Experience; motivating and engaging staff and providing feedback – both positive and constructive; creating a motivating environment; applying the principles of goal-setting to manage performance and solve problems they face in their day-to-day jobs; managing performance expectations; understanding the disciplinary process; and problem solving. Participants have, via Lunch & Learn sessions, spent time with Senior Leaders throughout the organization for Q & A and open and frank dialogue.

Part of the curriculum includes a Capstone Project. Our facilitators introduced the Capstone Project, in which participants will be asked to identify 1-3 major issues they are dealing with and use what they have learned in the program to design an action plan to address those issues.

In addition, the Leadership Development Program participants have a unique role in the culture shift at CCHHS. Their insight and feedback on how to make the program successful will have an impact on the entire System.

A formal graduation ceremony is scheduled for Tuesday, December 17th at 2:00pm in the CCHHS Board Room.

CLINICAL UPDATE

The Ambulatory and Community Health Network continues to prepare for its upcoming Joint Commission survey. In conjunction with the Cook County Office of Risk Management, ACHN leadership has completed inspection of all the community-based clinics, identifying opportunities to improve safety, compliance with fire regulations and best practices regarding access for people with disabilities. ACHN leadership has begun meeting with Cannon Design, under the facilitation of the Civic Consulting Alliance, to determine improvements that can be made in these sites that will improve patient flow and reduce waits, improve way-finding, enhance CCHHS brand identification and create a more welcoming environment for our patients.

One of the first experiences many of our patients have with CCHHS is through the phone. CCHHS receives more than 600,000 calls per year from our patients to make appointments and answer questions — with approximately half of those calls handled by central scheduling. Unfortunately, 13% of those calls were not getting through and for those who did get through the staff on the other end of the phone were not always able to serve the patient — either due to language barriers or a lack of tools. The result has been a poor experience for patients and frustrated staff.

To address this issue — as well as others related to access and scheduling - the Right Care Right Time (RCRT) initiative was launched in August with representatives from Central Scheduling, Referral Support, ACT, Stroger Specialty, Patient Relations and ACHN staff from Oak Forest and Provident. Meeting on a weekly basis the RCRT workgroup shared information from different teams, interviewed patients and staff and started examining data on a weekly basis — all in pursuit of improving the patient experience.

The results have been exciting. In less than three months Central Scheduling's abandonment rate (the number of calls that do not get answered) has been cut in half, real time language support for nearly all languages has been implemented and the types of appointments able to be scheduled has expanded. This is a tremendous win for our patients and a testament to the power of team work and putting our patients first.

On October 21, Mr. Peter Daniels joined the leadership team assuming the role of Chief Operating Officer of Hospital-Based Services. In this role, he will assume oversight of all clinical operational activities at Stroger Hospital, Provident Hospital and Cermak Health Services. His primary focus will be on improvement in quality, safety and efficiency in the emergency department, operating suites, laboratory, radiology and pharmacy. He recently attended a national leadership meeting on improving the patient experience and will be sharing the lessons he learned with frontline staff to make our hospital campuses a more welcoming place and experience for our patients.

Agnes Therady, RN, MBA joined CCHHS as our Executive Director of Nursing November 18th. Ms. Therady comes with a wealth of experience in quality and safety. As Chief Nursing Officer of the Lexington Veterans Administration Medical Center she taught nursing managers accountability and leadership skills in local generation of a safe and healing environment. She will be acquainting herself with the organization and developing strategies to ensure a highly competent, engaged nursing staff and leadership structure. Her experience ensuring safe care delivered by nursing staff in a culturally competent manner will serve our diverse patient base well.

OPERATIONAL UPDATE

As part of the reevaluation process of the Group Purchasing Contract (GPO), a Request for Proposal (RFP) was recently posted. Responses have been received and are in the process of being reviewed and evaluated. A recommendation is expected to be presented to the Board in the next few months.

Stroger Hospital is replacing two Linear Accelerators (LINAC) to provide our patients with state-of-the-art technology. The project is expected to be complete in May 2014; the first LINAC is to be completed by February 2014 and the second by May 2014.

Prieto Clinic has had a long standing flooding issue; during periods of heavy rain the basement has flooded. The problem has been identified and corrective action is expected to be completed by December 15, 2013.

Last month the HHS Board supported approval of an intergovernmental agreement with the Illinois Medical District (IMD) to, in part, to establish joint capital planning and development objectives and a plan to address redevelopment needs for the CCHHS Administrative Campus, Stroger Hospital and Fantus Clinic. A meeting has been scheduled with the IMD, Cook County's Office of Capital Planning and Policy and CCHHS to explore development of the Stroger Campus.

LEGISLATIVE UPDATE

On the federal level, in October the U.S. Senate and House of Representatives voted to approve and amend the Continuing Appropriations Act, 2014, adding a continuing resolution to fund the federal government until January 15, 2014 and suspending the U.S. debt ceiling until February 7, 2014. The Act also established a Budget Conference Committee to report back to Congress by December 13, 2013. We are monitoring the deliberations as they unfold to assess the potential impact of Medicaid and Medicare reductions, as well as sequester on our System. Additionally, we continue to monitor legislation regarding the sustainable growth rate and DSH cuts.

On the State level, the two primary issues we intend to pursue in the Illinois General Assembly in 2014 include:

- an exemption to the Open Meetings Act/Medical Studies Act regarding executive session discussion; and,
- an amendment to the Health Maintenance Organization (HMO) Act expanding the definition of organization.

We support HB 1516(SA2) which fully restores dental services for adults under Medicaid. Additionally, the Cook County Department of Public Health (CCDPH) will continue to monitor funding of Public Health Local Protection Grants and other public health issues.

RECOGNITION

The American College of Physicians is the leading national organization for internal medicine in the United States. In its commitment to supporting the work of internal medicine physicians, the regional chapters of the ACP host an annual Resident's Day designed to highlight the clinical, quality improvement, and research activity of internists in training. For many years, our program has actively participated and once again, our program was nobly represented by oral and poster presentations through a selective acceptance process. I would like to congratulate all of our representatives.

A particular highlight of Associates Day is the Doctor's Dilemma competition. Using a "Jeopardy"-style format, contestants are asked questions from any area of medicine, from heart murmur eponyms to medical history and literature, and everything in between. Success in this competition requires a breathtaking body of knowledge, along with strategic decision-making.

This year's Stroger Hospital internal medicine team was nothing less than brilliant, securing a decisive victory against formidable opponents. Please join me in congratulating our team in bringing the 1st Place victory back to Cook County Hospital!

- Sharath Vipparthy, PGY1
- Amith George Jacob, PGY2
- Arvind Rangarajan, PGY3

As first place winners of the Northern Illinois Chapter of the ACP, they will be representing our institution in the national competition this spring.

Additionally, I want to thank all of our staff who train, mentor, and support the residents of the Internal Medicine program.

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Board of Directors Meeting Minutes
November 22, 2013

ATTACHMENT #3

02/28/13-14 Renewal
70M/70M xs 30M SIR

10M/10M Excess Professional - 12/31/00 Retro Date CNA Annual Premium ⁽⁴⁾ 100,000	
20M/20M Excess Professional - 12/31/00 Retro Date Ironshore Annual Premium ⁽¹⁾ 275,000	
15M/15M Excess Healthcare Professional Chartis Claims-Made 12/31/00 Retroactive Date Annual Premium ⁽¹⁾ 350,000	
25M/25M Excess Healthcare Professional Allied World Claims-Made 12/31/00 Retroactive Date Annual Premium ⁽¹⁾ 1,380,000	
30M/Nil Healthcare Professional Self-Insured Retention	10M/Nil Patient BI Named Peril
Total Cost 2,105,000	